

## **PLEA / DISPOSITION FORM**

CITY OF RYE PARKING VIOLATIONS BUREAU 1051 Boston Post Road, Rye, New York 10580-2945 PHONE: (914) 967-7303 FAX: (914) 967-7370

SUMMONS NUMBER		
NAME	HOME PHONE	
STREET	WORK PHONE	
OITY OTATE ZID CODE	FAX	
CITY, STATE, ZIP CODE	FAX	
Date:		
To the Honorable Judge of the Rye City Court:  I wish to plead		
□guilty with an explanation □guilty with a request for waiver of penalties and interest		
to the above summons because:		
NOTE: After reviewing this disposition the lu	dge may still require a court appearance	
NOTE: After reviewing this disposition, the Judge may still require a court appearance Notice: A false statement made herein is punishable under Section 210.45 of		
the Penal Law as a Class A misdemeanor		

Signature of Summons Recipient

Complete this form and mail it in together with a copy of your driver's license (or a copy of the license of the person using your vehicle when the ticket was issued), and a copy of the vehicle's registration. This information will be forwarded to the Court for its review and determination. You will be notified of the Court's judgment when rendered.

AUDIT CHECKLIST - TVB USE ONLY		
SUMMONS COPY		
REGISTRATION COPY		
DRIVERS LICENSE COPY	AUDITED	
GUILTY PLEA SCREEN	BY	
STATE/PLATE INQUIRY		
CHECK PAYMENT		